

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	3					
TOTAL	13					
TOTAL	16					

	1 st AMENDMENT		2 nd AMENDMENT		3 rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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